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VOL. 10—NO. 10
APRIL 1946

The CHILD

CHILDREN'S BUREAU • U. S. DEPARTMENT OF LABOR

-
- CHILDREN ARE HUNGRY
 - 10 YEARS PROGRESS IN STATE CHILD-WELFARE SERVICES
 - WORK OF NURSE-MIDWIVES

The CHILD

MONTHLY BULLETIN

Published by
Reports Division • Children's Bureau

Managing Editor SARAH L. DORAN
Art Editor PHILIP BONN

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The picture on the cover, of a little girl
in Greece, is an UNRRA photograph.
The drawings on pp. 158-161 are by Philip
Curtis, Washington, D. C.

U. S. DEPARTMENT OF LABOR
L. B. SCHWELLENBACH, *Secretary*
CHILDREN'S BUREAU
KATHARINE F. LENROOT, *Chief*

CHILD HEALTH DAY, 1946



BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

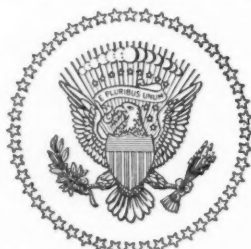
WHEREAS the Congress by joint resolution of May 18, 1928 (45 Stat. 617) has authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day:

NOW, THEREFORE, I, HARRY S. TRUMAN, President of the United States of America, in recognition that the health of American children, like their education, should be accepted as a definite public responsibility, do hereby designate the first day of May this year as Child Health Day.

And I call upon the people in each of our communities to pledge themselves today to review their community health and medical-care services to see how well these services meet the needs of all our children in the light of the goals of the national health program; and to organize a definite plan to achieve within the coming year at least one improvement in community health services which will contribute to the better health of children.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States of America to be fixed.

DONE at the City of Washington this thirteenth day of April in the year of our Lord nineteen hundred and forty-six, and of the Independence of the United States of America the one hundred and seventieth.



By the President:

James D. Byrnes
Secretary of State

Harry S. Truman

Publication of THE CHILD, Monthly Bulletin, with SOCIAL STATISTICS supplements from time to time, was authorized by the Bureau of the Budget, May 12, 1936, under Rule 42 of the Joint Committee on Printing, to meet the needs of agencies working with or for children for a regular channel of information on current developments, activities, policies, and programs for maintaining the health of mothers and children, providing child-welfare services, and safeguarding the employment of youth. Address THE CHILD, Children's Bureau, U. S. Department of Labor, Washington 25, D. C. The Children's Bureau does not necessarily assume responsibility for the statements or opinions of contributors not connected with the Bureau. THE CHILD is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., at \$1 a year; foreign postage, 25 cents additional; single copies, 10 cents.

CHILDREN ARE HUNGRY

Out of America's abundance must come the food that will keep millions alive

by **FRANCES BALGLEY**

Reports Division

U. S. Children's Bureau

"The tragedy of hunger is that it kills the mind and spirit even when it does not kill the body. To the children of today will fall the task of building the world of the future. What kind of world will it be if we abandon millions of these children now to the blight of famine?"

Sir John Boyd Orr

Director-General

*Food and Agriculture Organization
of the United Nations*

• In the small Yugoslav village of Flasenica, reached by a long difficult climb from the Drina Valley, the village president watched as the first load of grain sent in by UNRRA was unloaded from a truck. Turning to a stranger standing near him he said quietly: "Our children eat every other day."

There is no way of counting the Flasenicas in the world, nor of estimating the number of meals children are doing without. But the ears of the world echo with the cry "Food!" rising from the empty mouths of hungry millions.

Hunger is a familiar specter in the wake of war. But not in the darkest thoughts of the most pessimistic experts did the realities of the present world food situation occur. To the disruption of food production caused by armies of men have been added catastrophes which are the acts of nature. From South America to China, to Australia, drought and tidal wave played havoc with harvests in 1944 and 1945. India, part of whose population is regularly on the brink of famine, lost a million tons of its normal harvest of rice and millet to a tidal wave. In some areas of China the rice crop yielded only 30 percent of normal, and Algerian and Tunisian wheat and barley crops were 75 percent lower than average production.

Of the 1,150,000,000 bushels of wheat needed for the peoples of the world, 250 to 300 million bushels are missing. About 8 million short tons of rice are required. Some 2 million are available. Six and a half billion pounds of fats and oils are available in the world, when about 9½ billion pounds are needed. And about 4 of the 12 million short tons of sugar required are in deficit.

In all, the world's per capita food supply in 1946 is estimated to be 12 percent below prewar production. The effects of this shortage are being felt now—during the first 6 months of this year. Huge numbers of the people of the world have become used to near-starvation and its miseries. Mass famine is just around the corner.

United States in surplus food area

Among the important wheat exporting countries, North America is the only area where wheat production has remained high during the past few years. Canada and the United States are the principal

sources of surplus food production during 1945-46, and the United States was the only major exporting area where agricultural production was above average.

Of course, no modern nutritionist measures people's need for food only in calories. But calories, because they are a way to measure the quantity of food required to give a human being energy enough to keep going, are headline news all over the world.

Energy not enough

Nutritionists know that bodies, if they are to grow well and be protected from disease, must get more than energy from foods. They must have protein, vitamins, and minerals that are essential in building bones, nerves, and tissues.

Good nutrition, however, in most parts of the world today is a luxury. Just getting enough of the foods that are good in producing energy is an impossible struggle for millions of people. Cereals and fats do the best job of giving energy, so they are the first and most desperate need of starving people.

Right now, and until the 1946 harvests are gathered in, over 140 million people in Europe are being forced to subsist on less than 2,000 calories a day. About 100 million—

UNRRA MEALS ARE DISTRIBUTED every day to the children at this summer colony—one of six organized by the Italian "Catholic Action." This colony is at the Campo Dei Cavalieri Di Colombo at Via Aurelia in Rome.

UNRRA photograph



mostly city dwellers—get less than 1,500 a day. In some parts of Europe, the figures go down to 1,000 calories or less.

A good many children in Italy are getting rations of less than 800 calories a day. In parts of Yugoslavia, the intake is too low to be labeled "subsistence."

In many areas of China the food situation is "desperate." In all of China it is critical.

Caloric intake needed

Using the yardstick of calories only, the Food and Nutrition Board of the National Research Council recommends a diet of 4,500 calories for a very active man; 3,200 to 3,800 for an adolescent boy; 3,000 for a moderately active woman; 2,500 for a moderately active man, an adolescent girl, and a child between 10 and 12; 2,000 for an 8-year-old; 1,600 for a 5-year-old; and 1,200 for a 2-year-old child.

A diet of about 1,650 calories, nutritionists say, gives an adult just about enough energy to leave his bed to buy, prepare, and eat his food. This is a rough estimate of the amount of energy the "average normal consumer" in Europe gets—on which he faces the task of physical and psychological reconstruction.

"We in this country have been consuming about 3,300 calories per person per day," President Truman said on February 6.

People usually do one of two things in the face of prolonged near-starvation, such as occurred in many places during the war. They may scrounge around and eat anything available—whether or not it is generally considered edible. Or, after a length of time, they die.

Effects of wartime starvation

Greece, during the war, lost 50,000 children and 200,000 adults because of starvation. Famine deaths by the thousands have been reported from China. In 1945 alone, 35,600 children under 12 died of starvation and related causes in the Netherlands. In France, in Poland, in occupied and

war-torn countries the world over, millions of children, born and unborn, and their elders, have succumbed before the simple fact—life cannot exist without food.

In these same places, many others, who were fortunate enough to survive, live on, bearing the inevitable marks.

Malnutrition, starvation's kin, has stamped its pallid print over the face of the world, leaving those afflicted ever more vulnerable.

Consider the children. Those who have survived in devastated countries have possibly fared better than adults because of parents' almost universal habit of going without food themselves so that their children lack less. Rationing has also favored children in many countries.

Great Britain in war gave children and expectant mothers top priority in rationing. Red Cross missions have offered special help to children in some regions. UNRRA programs make extra allowances of food and services to salvage the young. Countries in western Europe which do not receive UNRRA aid generally plan their estimates of requirements allowing proportionately larger rations for children. Plans and estimates on paper, however, are valueless without the realities of food.

Child-health conditions in Europe

Despite what has already been done to protect children, the outlook for their health is not bright. A round-up of health conditions in Europe published in the New York Times on March 11 reveals these facts:

In Greece, 95 percent of the population suffers from malnutrition and a resultant susceptibility to disease. A serious decline in the birth rate and increase in infant mortality has occurred. Tuberculosis is on the increase and the death rate is high.

In France, the infant mortality rate is up. In Paris, it went from 75 deaths per 1,000 in 1938-39 to 134 per 1,000 in 1944-45.

Numerous cases of malignant gastro-enteritis are occurring among babies in Denmark. Often the ill-

ness is long drawn out and fatal.

Tuberculosis is extremely prevalent in Italy. The infant mortality rate has risen to serious proportions. "Children in certain parts of Naples—including the inevitably borrowed babies used by beggars—exhaust one's capacity for shock and horror."

In Hungary, the most common diseases in children are venereal diseases, tuberculosis, and rickets. Infant mortality has risen from 13.1 percent in 1938 to 30 percent now.

Infant mortality in Belgium is more serious than it has been in 15 years. The food ration available is considered deficient after a child passes 6. Adolescents between 12 and 17 average only 79 percent of normal weight. More than 15,000 children are in special homes because of their weakened condition.

It is true that lack of food was not the only factor which created this picture. War's destruction of habitable living facilities played its role, too. But a supply of food, certainly, is of prime importance if the picture is to be brightened.

How much more starvation these children can take—acutely vulnerable as they are—is not a long-range question. They can take little more if they are to survive with any chance to grow into normally healthy, hopeful, and responsible individuals. The crisis is upon us now.

How is the world to meet this challenge?

The urgency of the need has swept the consciences of many of the peoples of the world. Those who themselves have little are sacrificing that others may survive.

War-torn countries sacrificing

Denmark, which as an invaded country is under no obligation to supply food to UNRRA, has just offered that organization 10,000 horses to aid crop cultivation and a million dollars' worth of fish. These will go mainly to Poland.

The Netherlands, but recently delivered from flood and occupation, has volunteered to share her reserve of wheat with France.

And Great Britain, having

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withstood the blitz, the buzz bomb, and the rocket, on the strength gained from a monotonous diet of brown bread, brussels sprouts, and little more, has hitched her belt still tighter in peacetime.

But the succor of the world lies in the abundance with which the North American continent has been favored. A profound responsibility for the survival of the peoples of the world rests on both Canada and the United States.

Canada is making wheat available for export to the limit of her ability. Withholding enough for only a minimum carry-over, she is selling wheat to needy countries at prices 40 cents a bushel lower than ours. By continuing meat rationing, she is expected to supply 79 million pounds of meat to UNRRA this year. In January and February she had already supplied more than a third of her year's total.

United States commitments

The United States, as its responsibility, assured the Combined Food Board, an international governmental body whose task it is to weigh food supply against need and allocate what is available, that it would export 6 million tons of wheat to UNRRA and needy coun-

tries. This amounts to 22 out of every 100 bushels from our record 1945 harvest. We had also pledged 627 million pounds of meat to UNRRA during the year, a little less than half of which was to be delivered by the end of March.

United States quota unfilled

Actually we have supplied UNRRA with only a negligible amount of the first quarter's commitment of meat. And we have not met our quota of wheat.

If production in all other parts of the world were at par, that failure would be serious enough. In the face of the present catastrophe the results of such action—or inaction—are unspeakably tragic.

The President's Famine Emergency Committee has called on the people of the United States to make a voluntary sacrifice of 40 percent of the wheat products and 20 percent of the food fats and oils they usually consume during a 4-month period ending in mid-July.

Our people have been asked to eliminate waste of bread, to substitute other plentiful foods for those most in demand for export, to re-use cooking fats, and to cut down on salad oils and oil dressings.

Complying with this request is not intended to deny children the amount of food they need for healthy growth. Neither is it expected that adults in this country who depend on wheat and cereal products for a large proportion of their diet should do without. But there are millions among our population who could easily, and indeed with benefit to themselves, deny themselves some of the excess food they eat in order that others more needy may live. Our Government is leaving it up to the conscience of each one of us to decide how much we will spare.

For every million tons of wheat the United States fails to send to Europe, 20 million people will go without bread for 6 months. Since bread is the main article of their diet, that would mean starvation. Or, if the wheat Europe has were spread more thinly, it would mean near-starvation for a much larger number.

Each boatload of wheat that reaches China saves the lives of 150,000 people.

Is it asking the people of the United States too much to request them to forgo, both literally and figuratively, the upper crust on their generous servings of pie?

Reprints available on request

ARAB CHILDREN receiving milk at a school in North Africa. Milk is distributed by various agencies, assisted by the Red Cross. The children bring containers, usually tin cans.

Signal Corps photograph



CHINESE REFUGEE CHILDREN eating rice provided by the Chinese National Relief and Rehabilitation Administration. They are going home to the liberated city of Ichang.

UNRRA photograph



RECENT DEVELOPMENTS IN MATERNAL AND CHILD-HEALTH WORK IN THE U. S. S. R.

Postwar period brings better services

by **ANNA KALET SMITH**

*Office of the Chief
U. S. Children's Bureau*

• Many important developments in maternal and child-health work in the U. S. S. R. have followed the enactment of the law of July 8, 1944, on protection of mothers and children. Among them is a Government order for the construction of sufficient maternity hospitals to accommodate every city woman needing such care and 70 percent of the rural women. Eleven thousand additional maternity beds were set up within a year. Medical supervision of expectant mothers now begins earlier than previously; in some localities in the fourth month of pregnancy. Some collective farms are distributing supplementary food rations to expectant and nursing mothers. As a means of safeguarding the health of future mothers, quarterly physical examinations have been introduced by the collective farms for their girl employees and for schoolgirls; and treatment is provided in clinics, sanatoriums, and rest homes.

Instruct mothers in child care

"Mothers' schools," at which mothers are instructed in child care, have been set up in connection with numerous child-health centers. Correspondence courses are also conducted in some localities.

A new kind of institution, a "home for the mother and child," has been opened in several places. These are intended for unmarried or widowed mothers, who may remain in the home with their children for 3 months before childbirth and 3 months afterwards.

New day nurseries have been opened to accommodate at least 56,000 children. In many cities day nurseries have established

separate divisions for children who are below par in health but do not need hospital care. Sanatorium-kindergartens, with physicians and nurses on the staff, have been opened to accommodate 45,000 children, who stay there from 2 to 6 months.

After-school centers

Trade unions, which are very active in health and welfare work for children, have set up in many localities after-school centers for children of working mothers. At these centers the children spend their time preparing their lessons, doing manual work, or playing, under supervision. Instruction in personal hygiene and in care of clothes, including sewing and mending, is also given; meals are served. The children are returned to their homes in the evening after the parents come back from work.

In the present intensive move-

ment to improve children's health much attention is given to the question of vacations. Permanent committees on vacation camps are being organized as parts of the municipal governments. In 1945 trade-union organizations set up summer-vacation camps, in which more than 1,600,000 children were accommodated. In the same summer river boats were used for the first time as rest places for children, who were sent on 40-day trips on the Volga River. A new idea was the introduction of winter vacations for school children. In order to assure pleasant and wholesome holidays for the children in the winter of 1945-46, indoor and outdoor activities were organized in many cities on instructions from the Central Council of Trade Unions; workers' clubs were made available for use by children during the day; 100,000 school children were sent for the duration of

EATING OUTDOORS is fun. The children are at a day nursery on a collective farm in a semitropical region of the U. S. S. R., beyond the Caucasian Mountains.



Sovfoto

the holidays to rest homes and sanatoriums maintained by the trade unions.

The health of employed youth is a subject of great concern on the part of the Government. In compliance with a decree of 1944 a census of young workers has been taken in a number of localities. Special physicians have been appointed to examine these workers periodically and otherwise to care for their health; treatment in clinics, sanatoriums, and rest homes has been provided. Regular inspections are made of the young workers' living quarters. The number of "night rest homes" and "night sanatoriums" for young people who are able to work but are below par in health has been increased throughout the country.

Special bureau planned

For effective supervision of the young workers' health, the Government plans to set up a special bureau in the Commissariat of Public Health of the U. S. S. R.

A national conference of physicians serving in clinics for young workers, and of representatives of other public health agencies, held in December 1945, was devoted to the protection of young workers' health. The results of the examinations of 40,000 young workers, which were reported at the conference, revealed a steadily declining rate of illness among them; nevertheless, the conference urged extension of medical services to all young workers and improvement in their living quarters and places of employment.

For the purpose of aiding employed war orphans 14 to 16 years of age, factory committees have been established in some cities by order of the local government. These committees aim to provide better living conditions for the war orphans employed in factories, to improve their vocational training, to guide their leisure-time activities, and to help them in the solution of their personal problems.

A comparatively new development in the field of child welfare in the U. S. S. R. is parental education. In a number of cities

courses in child training, together with advice and information in individual cases, have been organized for parents by teachers and physicians.

A comprehensive project for still more extensive maternal and child-welfare services is included in the fourth 5-year plan for the reconstruction of the country.¹

Under this plan, which has just been approved by the Government and therefore is now mandatory, the number of maternity clinics and maternity homes will be greatly increased by 1950. Each maternity clinic will have on its staff a physician, a midwife, a public-health nurse, and a social worker. There will be a 50-percent increase in the number of maternity beds. The pediatrician in each district will have charge of not more than 700 children under 3 years of age (a few years ago the country was divided into districts for the purpose of giving medical care to children). Each district is also to have two public-health nurses, who will not only teach mothers how to care for their children, but also study home conditions and help to obtain the necessary social services and legal aid. The number of places in day nurseries is to be increased by 50 percent under the new 5-year plan; for the convenience of mothers employed at night, one-third of the day nurseries will be open 24 hours a day. More extensive health services for children over 3 years of age are also part of the plan.

Much attention is given to the health of the rural population. The 5-year plan orders the establishment in each rural district of a dental clinic, a physical-therapy clinic, a combined mothers' and children's clinic, a milk station, a day nursery, and other services for mothers and children.

Sources: *Meditsinski Rabotnik*, July 5, 13, 19, and 21, and August 16 and 23, 1945; *Izvestia*, October 23 and November 14 and 26, 1945; and *Trud*, November 30 and December 12, 14, 15, 18, and 22, 1945 (all of Moscow).

¹The first 5-year plan was completed in 1932; the second in 1937; the work of the third was interrupted when the Germans invaded the U. S. S. R. in 1941.

Pan American Day 1946

Pan American Day, celebrated annually April 14, has become more significant in recent years as we are drawn closer to the other American Republics through projects of mutual interest and benefit.

High on the list of such projects are those on the health and welfare of mothers and children. For years the Children's Bureau and similar agencies in our sister Republics have been working together, directly and through the American International Institute for the Protection of Childhood, to promote standards that will help to make all child life in this hemisphere more secure.

In this work the Bureau has had the privilege of membership in the Department of State's Interdepartmental Committee on Scientific and Cultural Cooperation. It has had the guidance of the Pan American Union, the Pan American Sanitary Bureau, and other inter-American agencies. It has had the support of many professional organizations in developing its own inter-American program, and from its own experience it has been able to contribute to the programs of agencies that have more recently begun inter-American work.

The American Academy of Pediatrics, the American Academy of Orthopedic Surgery, and the Kellogg Foundation have developed important inter-American fellowship programs; the American Association of Schools of Social Work is promoting close relationships with schools in all the Americas; the Inter-American Hospital Association is advising on hospital construction and services; the National Conference of Catholic Charities has provided valuable field experience for Latin American social workers. To these and many others the Children's Bureau expresses its gratitude for the privilege of sharing in common undertakings that give richer significance to Pan American Day.

Elisabeth Shirley Enochs

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NURSE-MIDWIVES HELP TO RAISE SAN



Photographs by Press Association, Inc.

Nurse-midwives are totally unlike the untrained midwives that "catch" babies in some parts of the United States.

The nurse-midwife has graduated from a nursing school. Besides, she has completed a 6-month course in nurse-midwifery. As a rule she has also had a public-health course at a university. She has had some years of experience in nursing, usually public-health nursing.

As a certified nurse-midwife, she is qualified to conduct normal deliveries and to care for the mother during pregnancy and for both mother and baby after the delivery. She does all her work under medical direction. All patients are examined initially by a physician; and if any complication should arise during pregnancy, childbirth, or postpartum, the nurse-midwife calls the consulting physician immediately.



THE NURSE-MIDWIFE covers the table with newspapers and sets up the delivery equipment. She is often obliged to use her ingenuity in improvising utensils and other necessities.



CHANGING THE DRESSING on the baby's navel. The nurse-midwife does this as often as is necessary. The dressing has been sterilized in a sealed paper wrapping.

RAISING STANDARDS OF MATERNITY-NURSING CARE

Untrained Certified nurse-midwives are so few—only about 250 in the United States—that only an occasional one gives her time to attending deliveries. As the number of rural physicians becomes more adequate, the role of the nurse-midwife will be increasingly that of a specialist in maternity nursing. Those with additional experience in supervision and teaching act as consultants to State health agencies in raising standards of maternity nursing in the State. Their duties include developing educational programs for public-health nurses and supervising untrained midwives.

Funds used by the States for training and employing nurse-midwives are provided by the Children's Bureau through grants-in-aid under the Social Security Act.



BESIDES HER DELIVERY BAG, this nurse-midwife is carrying a suitcase of necessary articles, which are not available in this home away out in the backwoods.



PLACING HER HAND under the baby and holding him only a few inches above the bed, the nurse-midwife weighs him. She writes down his weight so that she can see how he gains.



WARMLY WRAPPED UP, the newborn baby is carried by the nurse-midwife into his mother's room. She is glad to get acquainted with him and to know that he is strong and healthy.

FOUNDATION LAID FOR BROAD STATE CHILD-WELFARE PROGRAMS

Ten years of Federal-State cooperation in providing child-welfare services

by **MARTHA WOOD**

Director of Field Services

and **MARGARET A. EMERY**

Child Welfare Analyst

Social Service Division

U. S. Children's Bureau

• When the Social Security Act was passed in 1935, making \$1,500,000 available each year as grants-in-aid to help States develop their child-welfare services, only 26 States had within their State welfare departments divisions responsible for conducting or supervising child-welfare services on a State-wide basis. Although nearly all States had laws giving the State some responsibility for the care and protection of children, many States had no public service primarily for children on a State-wide basis, with the exception of a State institution for delinquent children or, perhaps, for dependent children. Only one-fourth of the States had pioneered in developing local public services for children through public county organization for child-welfare work under State leadership. In only one State was there a child-welfare program in practically every county.

Now, every State—including in that term the territories of Alaska, Hawaii, and Puerto Rico—has recognized in law its responsibility for the welfare and protection of children. Every State has a department of public welfare, or a separate division or bureau of welfare in some other State department, to carry out welfare functions including those of child welfare. Now, in approximately half the States, county welfare agencies have fairly broad legal responsibility for services to children who are dependent, neglected, or handicapped. Every State has a plan which includes

public child-welfare services provided by local child-welfare workers in at least some of the counties or other local subdivisions.

This is just one measure of the progress that has been made in putting within reach of parents and children the helping hand of public servants skilled in advising on and dealing with the problems of children who are dependent, neglected, or delinquent, and children who are in danger of becoming delinquent. For 7 of these 10 years, from July 1938 to July 1945, reports on child-welfare services submitted to the Children's Bureau are sufficiently itemized to allow other counts to be taken of the gains—and losses—that have been made in this important area of social service under public auspices.

Areas helped with Federal funds

Under the law, Federal funds for child-welfare services are for use in developing State-wide services by State agencies, and local services by public agencies functioning in rural areas or in areas of "special need." The number of areas served in the 7 years fluctuated from 437 in 1939 to a peak of 551 in 1942, and then down to 389 in 1945.

An "area" in the meaning of the Social Security Act is not limited in size. It may include more than one county. The 437 areas served by workers paid from Federal funds in 1939, included, for instance, 1,120 counties. By 1942 a significant trend had set in. By then the number of counties reached was only 979. As child-welfare work has become better established, the number of counties covered in each area has tended to decrease, rather than increase. This is because the States have found that one worker could not

adequately serve several counties. In the interest of better service to children and communities, the area served by one worker has been reduced in most instances to one or two counties. By 1945, the counties included in the 389 areas totaled 543. Of these, 441 were rural and 102 urban.

Wartime pressures had a decided effect on the type of area using Federal funds. At first practically all of them were rural; only a relatively small proportion were areas "of special need." The latter increased from 40 in 1939 to 104 in 1943, and dropped only slightly, to 96, in 1945.

In no year has Federal aid reached more than 37 percent of the counties of the Nation. In 1945 the percentage reached was

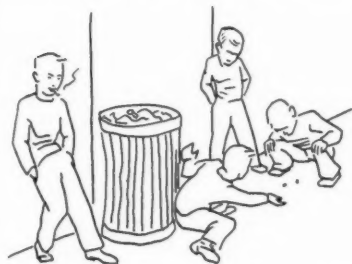


18. Over the 7-year period 1938-45 the program had operated in a total of 1,667 of the approximately 3,100 counties in the United States. Only 694 of these had had the services of one or more full-time workers; the others received part-time service, either because the worker combined this service with other duties or served more than one county.

Counties that discontinued use of Federal funds

A majority of the 1,667 counties that had the use of Federal funds during the 7-year period did not use these funds continuously. This was due largely to the limitation of Federal funds available

and the necessity of placing emphasis on the use of these funds on a demonstration basis. In 1,198 counties, the use of Federal funds was discontinued for as long as one fiscal year or more. Reasons for this are significant. In 587 counties, in 8 States, the use of Federal funds stopped as a result of redistricting of areas to enable workers



paid from these funds to do a more intensive job in other counties. In 261 counties services were discontinued because qualified staff was not available to continue services already begun. This situation occurred in 42 States. States or communities assumed financial responsibility for services initiated with Federal funds in another 177 counties in 22 States. In the remaining 173 counties, expenditures from Federal funds were discontinued for a variety of reasons: Lack of funds; greater need for service in another county; lack of community resources; lack of community interest; or a combination of several factors.

Local workers paid from Federal funds

Grants-in-aid from the Federal Government for developing local child-welfare services have gone almost entirely into services of workers. Most of them are professional staff; a few are clerical workers. Most are full-time child-welfare workers.

Effects of the war on the availability of workers show up in the number of workers. The peak year in the use of Federal funds for local services was 1942. In that year the highest numbers were reached, both in professional and clerical workers whose salaries were paid in whole or in part from Federal funds. Professional

workers numbered 493 in 1939, 656 in 1942, and 535 in 1945. In the same years, clerical workers totaled 78, 110 and 65.

Fluctuations in the volume of employment of part-time workers followed a similar course, starting with 60 in 1939, increasing to 81 in 1942, and dropping to 69 in 1945. This trend reflects an increasing recognition of the fact that services if they are to be effective must not be spread thin.

In response to the wartime increase in need for child-welfare services in congested areas, the number of local workers in areas of special need increased through 1944, and dropped only slightly in 1945. At the same time the workers in rural areas decreased fairly steadily from 1942. It is a cause for concern that both in 1944 and 1945 the number of workers serving rural counties and the number of such counties served were both smaller than in any other of the 7 years.

State services paid from Federal funds

Every one of the States and Territories has taken advantage of the financial help made available by the Federal Government for extending both State and local child-welfare services. One State, Utah, participated from 1936 to 1944 and then dropped out of the program. Several States did not get started at once but have participated continuously since they did begin.

Professional workers providing State services and paid in whole or in part from Federal funds were more numerous in 1939 and 1940 than in any subsequent year. In those 2 years they totaled 314 and 323. By 1945 their number had dropped to 256. The number of clerical workers was at its peak, 105, in 1939, and declined fairly steadily to 53 in 1945. This decrease was due almost entirely to State-agency assumption of financial responsibility for clerical services.

These numbers, it must be remembered, are not indicative of the total force of workers attached to State child-welfare agencies, since a part of such services is

usually paid for from State funds. The relative importance of the Federal contribution to State programs varies from State to State and from year to year.

SIGNIFICANT TRENDS

Statistical measurements of social services are, of course, only one device for appraising their value to people. Qualitative factors, which sometimes do not lend themselves to arithmetical count, must also be weighed in the balance.

1. Expansion of local services

As the organization of local services has increased, there has been greater emphasis by many States on the development of services in every county. For example:

In *Georgia* from 1931 to 1937 only one to three persons were available for carrying out the child-welfare responsibilities of the State agency. When Federal funds became available, they were used to increase the State staff. At that time child-welfare consultants were assigned to districts consisting of about 15 counties each, in which they were to provide case-work services to children. In the meantime, county welfare departments were being established in every county. Because of the pressure of work involved in carrying out the assistance program, the



county departments were not asked to assume responsibility for child-welfare services. As these departments became better organized, the State agency gradually transferred to them the responsibility for providing child-welfare services. By 1945, the State staff was no longer assuming responsi-

bility for direct service to children but was concentrating its efforts on consultation to the regular public-welfare staffs and child-welfare workers assigned to certain of the county departments in order to help the counties provide better case-work service to children.



In **Nebraska** the same plan was followed when child-welfare services were first organized.

By 1939 all the case-work responsibilities that the district child-welfare staff had carried had been transferred to the county welfare departments under the supervision of the State agency staff. This plan has remained in effect since 1939.

In **Alaska** there was no professional staff to provide public-welfare services until the program of child-welfare services was initiated in 1938. Only one worker was employed in the beginning. Gradually staff was increased, and a worker was assigned to each of four district offices. By 1945 there were six professional workers directly engaged in providing child-welfare, family-welfare, and other public welfare services.

In other States there is still a large number of counties where public child-welfare services are not yet available. For example:

In **Texas** there are no county public welfare agencies having responsibility for child-welfare services except two large probation departments. At present there are county child-welfare units in only 16 of the 254 counties in the State and they are administered cooperatively by the county child-welfare boards and the division of child welfare of the State public welfare agency.

In **Iowa** there are no State funds for care of children in boarding homes, and the only local funds are those provided in the county poor fund. There are county child-welfare units in 11 of the 99 counties in the State. The workers in these 11 units are the only public workers giving full time to child-welfare services in local communities.

In some States, public child-welfare services are still limited to specific groups, such as children committed to the care of public agencies and children who are public wards.

2. Improvement in the standards for State and local personnel

From the outset of the program under title V, part 3, the Children's Bureau and the State public welfare agencies recognized that no program of services to children could be carried on effectively without qualified personnel. The Children's Bureau Advisory Committee suggested certain basic requirements for child-welfare positions, and minimum standards of qualifications for personnel were included in State plans. Since that time, personnel standards on a merit basis have been developed in every State.

The need for some provisions for increasing the supply of workers qualified to give services to children and also for improving the skill of workers on the job was also apparent from the beginning of the program. The use of Federal funds for educational-leave stipends for workers already employed in the public welfare program to enable them to obtain graduate professional training has been an important aid in the improvement of standards for State and local personnel.

3. Increased expenditures for child welfare

State and local funds appropriated for child-welfare programs have shown a marked increase. Instead of "drying up" these resources, the Federal grants have served to draw out additional funds. For example:

In **Arizona** the expenditure of State funds for the direct care of committed children (excluding foster-home care) increased from \$3,257.15 in 1939 to \$60,000 in 1945.

In **Maine** the first appropriation for supplemental funds (in addition to those for committed children) was provided in the 1944-45 biennium and was allocated for care of unmarried mothers and their babies. This was a further step in the extension of services to children without commitment.

The **North Dakota** Board of Public Welfare allocated \$20,000 for child-welfare services for the biennium ended June 30, 1939, an increase of \$4,720 over the amount for the preceding biennium. For the biennium ended June 30, 1945, \$13,375 were allocated for the administration of child-welfare services.

In **Delaware** total expenditures for child-welfare personnel increased from \$8,135.04 in 1937 to \$26,547 in 1944 and expenditures for maintenance cost for children in foster homes increased from \$12,773.89 in 1939 to \$61,138 in 1944.

4. Expansion of State services

Not only does every State now have a department of public welfare and with one or two exceptions a child-welfare division in the State department, but in practically every State the number of staff members providing State services has increased. Here are some illustrations of growth:

Maine is one of the States which had a child-welfare division when the Social Security Act was passed. In 1936, when child-welfare services became operative, the child-welfare staff consisted of two district supervisors. In 1945 the staff providing State services consisted of a supervisor, an administrative assistant, four district supervisors, a consultant to child-caring agencies and institutions, and a psychologist.

Nebraska has had a child-welfare bureau since 1919, but with the availability of Federal funds

an expansion took place in 1936 which practically amounted to a reorganization of services into an entirely new program.

Mississippi is one of the States that had no legal basis for establishment of a child-welfare division. By 1945 legislation had been passed providing this legal basis, and a child-welfare division had been developed, with a staff including a director, two child-welfare supervisors, a consultant on foster care, and a child-welfare consultant.

5. Addition of technical consultants in special fields

As basic services have been established, a number of States have developed services in special fields to aid in developing a well-rounded total program.

Technical consultation in special fields of child welfare, such as



adoption, foster care, and in-service training, has been developed by several States. In 1945, 17 States included provisions in their annual plans for the use of Federal funds for the services of a psychiatrist or a psychologist. Through such services as these, the breadth and scope of State services have been expanded in many States.

6. Improvement in child-welfare laws

In practically every State new laws have been passed or old laws modified to provide greater safeguards or improved public services to children. In many States the State and local advisory committees for child-welfare services have played an important part in stim-

ulating interest and support for better laws affecting children. The varied and broad content of this legislation is illustrated by the following:

In **Indiana** the Welfare Act was amended in 1937 to make it possible to pay for foster care for certain children in need of it under circumstances not requiring that the child be made a public ward.

In **Colorado** a law was passed in 1939 authorizing the use of State administrative funds for 75 percent of the administrative costs of county welfare departments.

In **Michigan** a new adoption law was passed in 1944.

In **Alaska** a new Juvenile Code was adopted in 1943, abolishing the Board of Children's Guardians and transferring the custody of wards from this board to the public welfare department.

In **Rhode Island** in 1944 a juvenile-court act was passed, establishing an independent juvenile court with jurisdiction throughout the State over a broad range of subjects.

In **Washington** a law was passed in 1939 providing for the allocation of State and Federal funds for assistance on the basis of need in the respective counties as disclosed by quarterly budgets considered in conjunction with revenues. (This covers county costs for personnel and maintenance of children in foster care as well as in their own homes.)

In **Virginia** a law was passed in 1943, which provided for the licensing of foster homes, child-placing agencies, children's homes, and day nurseries.

A PERSPECTIVE

The provisions for child-welfare services under title V, part 3, of the Social Security Act reflected the interest and concern which had been growing over a period of years regarding the need for the development of public child-welfare services and for implementing and aiding this through Fed-

eral funds. This interest has increased and broadened in the decade just passed. Federal funds made available under title V, part 3, of the Social Security Act have provided a stimulus for unprecedented expansion in State and local services to children. The States have more and more been accepting responsibility for providing special services to children as an integral part of a broad public-welfare program. Every State



public-welfare agency has developed new services to children or improved services already established. In every State the services of child-welfare workers have been put within reach of children and parents in local communities in at least some parts of the State.

Much progress has been made but much remains to be done. The services of child-welfare consultants of State public-welfare agencies are as yet available to only a small proportion of counties on a regular, continuing basis. Child-welfare workers are by no means fully available in all parts of every State. More funds — Federal, State, and local — are needed. More personnel and opportunities for training workers on the job are of utmost importance.

The first 10 years of child-welfare services under the Social Security Act have demonstrated the possibilities in better service to children through Federal, State, and local cooperation in providing for the special needs of children. The foundation has been laid for developing this cooperation to the extent necessary to assure that the responsibilities of the Government and of the Nation to its children are fulfilled.

BRITISH PLAN PEACETIME DAY CARE FOR CHILDREN

• In a circular addressed to local authorities the Minister of Health and the Minister of Education of England and Wales have made recommendations with regard to modification of existing arrangements for day care of young children.

This circular, dated December 14, 1945, states that the Ministers concerned accept the views of medical and other authority that, in the interest of the health and development of the child no less than for the benefit of the mother, the proper place for a child under 2 years of age is at home with his mother. They are also of the opinion, the circular says, that under normal peacetime conditions the right policy to pursue would be positively to discourage mothers of children under 2 from going out to work; to make provision for children between 2 and 5 by way of nursery schools and nursery classes; and to regard day nurseries and "daily guardians" as supplements to meet the special needs of children whose mothers must work on account of special circumstances, or whose homes are unsatisfactory from the health point of view, or whose mothers are unable to undertake the full care of their children.

The Ministers say that they recognize that this policy represents an ideal that cannot be attained immediately, that the period of transition from war to peace conditions is likely to be substantial, and that during that period in some areas the need for women workers may well be as urgent as it was during the war.

It had been expected that with the cessation of hostilities and the passing of the Education Act of 1944 nursery schools and nursery classes would take the place of the wartime nurseries.

It is believed, the circular says, that nursery schools and nursery classes will never wholly meet the

need because they do not admit children under 2—or even under 3—and because they are open only during school time, and that some permanent provision may need to be made for the occasional care of children of all ages up to 5, in order that all mothers, whether or not they go out to work, may have reasonable opportunity for rest and relaxation apart from their homes and children.

Measurement of local need and the choice of the best methods of meeting it must rest primarily on the local authorities concerned, the circular goes on. Since some of the provisions to be made are within the province of the welfare authority, the planning of future arrangements must be undertaken jointly by the two authorities working in collaboration. The Ministers suggest a combination of the following methods:

1. Nursery schools, nursery classes, day nurseries, and plans for "daily guardians."
2. Use of maternity and child-welfare centers as temporary

crèches two or three afternoons a week.

3. Organizing as volunteers responsible women or older girls willing to "sit in" at the homes of children while the parents go out together in the evening.

The local authorities are asked to consider which wartime nurseries should continue to be run under maternity and child-welfare powers; which should be taken over and run as nursery schools or nursery classes; and which should be closed. The costs of operating wartime nurseries and wartime nursery classes were to be borne by the Government until March 31. From that date such wartime nurseries as became nursery schools or nursery classes were to receive the normal education grant from the Ministry of Education. Wartime nurseries continuing as day nurseries are to receive a similar grant from the Minister of Health. This grant is also payable for registered "daily guardian" plans, afternoon crèches, and evening "sitters-in."

CHILDREN OF WORKING MOTHERS in Birmingham, England, are enjoying lunch at Flint Green Nursery. There is a nurse to every 5 children in the nursery.

Photograph by British Information Services



NEWS NOTES

Sending Toys and Educational Materials to Displaced Children in Europe

Toys and educational materials are needed by displaced children 2 to 7 years of age who are now in assembly centers in Europe. Many of these children have never seen a toy. Schools have been started by the displaced persons, but there is a great shortage of school supplies.

The United Nations Relief and Rehabilitation Administration is not permitted to buy these toys and educational materials for children, as its purchases must be confined to food, clothing, medicines, and such things. It will, however, provide transportation and delivery to the assembly centers.

The Association for Childhood Education, in its publication, "The Branch Exchange," November-December 1945, presents the following information for persons wishing to send toys and educational materials to children in the assembly centers:

Suggested contents

It is thought most practical to plan a package to serve 10 children for at least a month.

The suggestions for the contents of the boxes have been made by teachers of young children. Contents are not restricted to them, however, and you will think of many more things that can be included, but we urge that you observe the same care in selecting the toys and materials that you would for an individual child or a group of children of your own acquaintance. Choose sturdy toys that will withstand hard use. Be sure that they have no sharp edges and will not splinter easily, and that paints or other finishes are nonpoisonous.

Keep in mind the scarcity of materials of all kinds in Europe. If you send anything that must be

put together after arrival, include whatever is necessary, such as nails, screws, needles, and thread.

Doll bed, unassembled (pieces cut to fit carton exactly).

Set of bedding to fit (mattress and pillowcase without filling, two sheets, bright-colored cover).

Doll—not less than 10 inches long.

Clothes to fit doll—several changes.

Set of plastic or metal dishes.

Lengths of cloth, pieces of oilcloth—bright colors.

Good picture books.

Large mounted pictures, simple and clear.

Blunt scissors—four pairs.

Crayons, assorted, hexagonal—six sets. Newsprint, 12 by 18 inches; colored paper; mending paper.

Tubes of paste.

Paint brushes, long-handled—1-inch width.

Tempera paints, powdered.

Cord or string.

Wool, bright-colored—hanks or odds and ends.

Ball—leather or rubber if possible.

Transportation toys, nonwinding—cars, trucks, boats.

Puzzles, wooden.

Pounding boards.

Plasticine or powdered clay.

Tongue depressors.

Paper clips.

Safetypins.

Sand toys—pans, spoons, sieves.

Packing

Some uniformity must be maintained in the size and weight of cartons so that they may be carried with reasonable ease by one person.

Weight should not be over 25 pounds.

Size should be approximately 12 by 17 by 9 inches. Cartons that meet requirements can be secured from grocery stores, such as cartons that have contained 25 2-pound packages of flour, or 48 large-sized cans of evaporated milk, or 12 No. 5 cans of tomato juice.

Shipping

Each carton should bear your return address and be plainly marked:

Kit of toys for children 2 to 7 years old, in assembly centers of displaced persons.

Enclose a sheet 8½ by 11 inches, set up as follows:

To the person opening this package:
Please return this sheet at once to:

Association for Childhood Education,
1201 Sixteenth Street NW., Wash-
ington 6, D. C., U. S. A.

1. A package of children's toys was received _____ (date)
2. From _____ (name of sender)
3. Materials were in good ☐ poor ☐ condition.
4. Please comment on how they are being used: _____

(Signature and full address of person filling in form.)

This information is needed for future planning. If group or individual sending package wishes information concerning its receipt a second sheet may be enclosed.

Ship prepaid to:

UNRRA Consolidated Warehouse No. 3,
43 Clarkson Street, New York, N. Y.

Then notify:

UNRRA—Attention of Mr. H. F. Lofgren,
Ocean Shipping Division,
111 Broadway, New York, N. Y.

Give Mr. Lofgren this information:

Number of cartons.

Date of shipment.

How sent—prepaid express or freight, or parcel post.

Send a postcard to Association for Childhood Education, telling how many cartons were shipped and when.

Executive Committee Appointed for New National Commission on Children and Youth

On nomination by a committee appointed by the chairman of the National Commission on Children in Wartime, which held its final meeting February 5 to 7, 1946, the Chief of the Children's Bureau has appointed an executive committee for a new National Commission on Children and Youth.

The executive committee met March 11 and elected officers for the commission; these officers also became members of the executive committee.

Appointments to the commission are now under consideration.

The names of the officers and members of the executive committee are as follows:

Chairman, Leonard W. Mayo, Cleveland, Ohio.

First vice chairman, George S. Stevenson, M. D., New York, N. Y.

Second vice chairman, Boris Shishkin, Washington, D. C.

Third vice chairman, Pearl A. Wanamaker, Olympia, Wash.

Secretary, Mrs. Wm. W. M. Henry, Dover, Del.

Kermit Eby, Washington, D. C.
Frank P. Graham, Chapel Hill, N. C.

Henry F. Helmholtz, M. D., Rochester, Minn.

Mrs. Harriet A. Houdlette, Washington, D. C.

Hon. Anna M. Kross, New York, N. Y.

Mary E. Leeper, Washington, D. C.

Carl N. Neupert, M. D., Madison, Wis.

W. S. Terry, Jr., Baton Rouge, La.
H. Council Trenholm, Montgomery, Ala.

Mrs. Roy C. F. Weagly, Hagerstown, Md.

C.-E. A. Winslow, D. P. H., New Haven, Conn.

Mrs. Gertrude Folks Zimand, New York, N. Y.

Fourth Annual Meeting of United States-Mexico Border Health Association

Maternal and child health and welfare will have an important place on the agenda of the fourth annual meeting of the United States-Mexico Border Public Health Association, to be held in El Paso, Tex., and Juarez, Mexico, April 29-30 and May 1. The subject was included in the program of the association for the first time in 1945, and as a result of recommendations made at that time, special committees were appointed by Mexico and the United States to develop cooperation be-

tween the two countries in dealing with problems of maternal and child health and welfare in the border States.

A meeting of the two committees, held last November in Laredo, Tex., and followed by visits to health agencies on the Mexican side of the border reviewed in a preliminary way various problems and made recommendations for the program of the association's meeting.

The members of the Mexican committee are: Dr. Armando G. Herrera, Chihuahua; Dr. Alfonso Gaytán Alcántara, Mexicali; Dr. Jorge Burgette Rovira, Reynosa; and Dr. Arturo González Avila, Mexico City (liaison between the Division of Child Health and Welfare of the Mexican Department of Public Health and Public Assistance and the Mexican committee).

The members of the United States committee are: Ann M. Bracken, Phoenix, Ariz.; Dr. Hilda H. Kroeger, Phoenix, Ariz.; Howard L. Lackey, Austin, Tex.; Dr. Lewis Robbins, San Antonio, Tex.; and Elisabeth Shirley Enochs, Washington, D. C. (liaison between the Children's Bureau and the United States committee).

Planning for Children and Youth in Kentucky

The Kentucky Youth Guidance Commission, on December 1, 1945, issued a report based on 612 returns from county chairmen appointed by the commission; county and circuit judges; county, city, and parochial-school superintendents; and civic leaders. The commission includes a member from each of the nine Congressional districts in the State, with Joshua B. Everett serving as chairman. The report was compiled by the executive secretary, W. E. Watson, Mental Hygiene Division, State Department of Welfare.

Among the conclusions of the report are that any trend toward an increase in juvenile delinquency re-

lated to legal procedure results more from defective enforcement of law than from lack of statutory provision, and that "the enormous increase in juvenile delinquency in Kentucky" has been inexcusably publicized and exaggerated.

The commission's recommendations point out a number of the State's needs. Among those listed are the following:

Thorough study of juvenile-court procedure in the State.

A juvenile-detention home, or supervised detention foster care, in every county.

A child-welfare unit, under the supervision of the child-welfare division of the State department of welfare, in every county.

Recodification and simplification of juvenile laws.

Expansion of State-wide mental-hygiene services to include psychology, and when possible psychiatric, services to the schools.

Provision in the public schools for training mental defectives.

Programs of physical and mental health in the public schools.

Training for teachers in mental hygiene.

A course in character education in all schools.

A State-wide recreation program.

Collection of data to aid communities in operating recreation programs, including youth centers.

Edith Rockwood.

For Your Bookshelf

CHILDHOOD MORTALITY FROM ACCIDENTS. BY AGE, RACE AND SEX, AND BY TYPE OF ACCIDENT, by George Wolff, M. D. Publication No. 311. U. S. Department of Labor, Children's Bureau, Washington, 1945, 25 pp.

Almost 20,000 boys and girls in the United States die from accidents each year, says this bulletin, and there is no doubt that the great majority of these deaths could be prevented. As a step toward reduction of this wastage of child life, the Children's Bureau has published this study of death rates for specified types of accidents among children and adolescents, based on data from the Bureau of the Census for the years 1939, 1940, and 1941.

A limited number of copies is available for distribution.

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